

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

LIBERTARIAN NATIONAL COMMITTEE, INC.

ADDRESS (number and street)

1444 DUKE STREET

Check if different  
than previously  
reported. (ACC)

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255695

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☒ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2021

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hagan, Timothy, R., Mr.,

Type or Print Name of Treasurer

Signature of Treasurer

Hagan, Timothy, R., Mr.,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 20 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2021</span>		<span style="border: 1px solid black; padding: 2px;">93158.53</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">163204.70</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">120866.50</span>	<span style="border: 1px solid black; padding: 2px;">489231.61</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">284071.20</span>	<span style="border: 1px solid black; padding: 2px;">582390.14</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">142451.55</span>	<span style="border: 1px solid black; padding: 2px;">440770.49</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">141619.65</span>	<span style="border: 1px solid black; padding: 2px;">141619.65</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">13169.44</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	33319.05	178787.89
(ii) Unitemized .....	87007.45	269354.46
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	120326.50	448142.35
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	120326.50	448142.35
12. Transfers From Affiliated/Other Party Committees.....	90.00	270.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	450.00	40819.26
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	120866.50	489231.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	120866.50	489231.61

# **DETAILED SUMMARY PAGE** of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	142269.05	440562.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	142269.05	440562.99
22. Transfers to Affiliated/Other Party Committees.....	25.00	25.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	157.50	182.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	157.50	182.50
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	142451.55	440770.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	142451.55	440770.49

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	120326.50	448142.35
34. Total Contribution Refunds (from Line 28(d)) .....	157.50	182.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	120169.00	447959.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	142269.05	440562.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	142269.05	440562.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 96  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Anderson, Stephen, Todd, Mr.,**

Mailing Address 590 Western Ave

City  
Glen Ellyn

State  
IL

Zip Code  
60137-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alliant Credit Union

Occupation (for Individual)  
Banking

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

**Transaction ID : SA11AI.84663**

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Arnold, John, , Mr.,**

Mailing Address 202 E Seattle Ave Unit 487

City  
Moxee

State  
WA

Zip Code  
98936-1358

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NA

Occupation (for Individual)  
NA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1529.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2021

**Transaction ID : SA11AI.84691**

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Atkins, Michelle, Marie, Mrs.,**

Mailing Address 3648 Moonlight Way

City  
Tracy

State  
CA

Zip Code  
95377-8898

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pool Corp

Occupation (for Individual)  
Regional Inventory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2021

**Transaction ID : SA11AI.84709**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 96  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bamler, William, , Mr.,**

Mailing Address 2381 Port Williams Dr

City  
Stow

State  
OH

Zip Code  
44224-1981

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.84771

Amount of Each Receipt this Period

85.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bankowitz, Steven, P., ,**

Mailing Address 120 Revolution Dr

City

Leominster

State

MA

Zip Code

01453-2566

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Imperva

Occupation (for Individual)

Sales Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2021

Transaction ID : SA11AI.84776

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barnhouse, Nelson, M., Mr.,**

Mailing Address 3041 Biggern Ave SE

City

Smyrna

State

GA

Zip Code

30082-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Systems Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.84803

Amount of Each Receipt this Period

30.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1615.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Berry, Michael, V., Mr.,

Mailing Address 349 E Church St

City  
Jacksonville

State  
FL

Zip Code  
32202-2725

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Independent contractor

Occupation (for Individual)  
Rideshare driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2021

Transaction ID : SA11AI.84896

Amount of Each Receipt this Period

257.50

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bickler, Brandon, , ,

Mailing Address 20387 Rustic View Rd SE

City  
Monroe

State  
WA

Zip Code  
98272-7607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Efforts Info Requested

Occupation (for Individual)  
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.84908

Amount of Each Receipt this Period

150.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bobbett, Jonathan, H., Mr.,

Mailing Address 1142 Ocean Blvd

City  
Rye

State  
NH

Zip Code  
03870-2835

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MatMarket

Occupation (for Individual)  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2021

Transaction ID : SA11AI.84953

Amount of Each Receipt this Period

1030.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1437.50



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Boss, Jessica, , ,

Mailing Address 703 E Howell Ave

City  
AlexandriaState  
VAZip Code  
22301-3088FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USAFOccupation (for Individual)  
Pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.84976

Amount of Each Receipt this Period

75.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bradley, Daniel, G., Mr.,

Mailing Address 901 S Fillmore St

City  
AmarilloState  
TXZip Code  
79101-3515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AutoIncOccupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2021

Transaction ID : SA11AI.85001

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Braverman, Diedre, , ,

Mailing Address 1820 18th St

City  
BoulderState  
COZip Code  
80302-5504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Braverman Law Group, LLCOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2021

Transaction ID : SA11AI.85020

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

1325.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bray, Neil, , Mr.,

Mailing Address 13279 Tierra Heights Rd

City  
ReddingState  
CAZip Code  
96003-7488FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.85022

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Buckles, Steven, Robert, Mr.,

Mailing Address 1621 Ackermant St

City  
WaterlooState  
IAZip Code  
50703-1813FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2021

Transaction ID : SA11AI.85095

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Casazza, Lance, , Dr.,

Mailing Address 661 55th St

City  
SacramentoState  
CAZip Code  
95819-3304FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Casazza Chiropractic Inc.

Occupation (for Individual)

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2021

Transaction ID : SA11AI.85181

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1375.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cenkus, Mark, Allen, Mr.,

Mailing Address 6810 Chessley Chase Dr

City  
Sugar LandState  
TXZip Code  
77479-5951FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dow ChemicalOccupation (for Individual)  
Chemical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.85201

Amount of Each Receipt this Period

150.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Charles, Michael, , Mr.,

Mailing Address 33 Golden Star

City  
IrvineState  
CAZip Code  
92604-3035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.85214

Amount of Each Receipt this Period

515.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Charpentier, Nathan, , Dr.,

Mailing Address 979 Newcastle St

City  
MedfordState  
ORZip Code  
97501-1896FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Multiple/SelfOccupation (for Individual)  
Health Professional/Coach/Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2021

Transaction ID : SA11AI.85216

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

915.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clancy, Ryan, W., ,**

Mailing Address 6070 SE Pardee St

City  
Portland

State  
OR

Zip Code  
97206-4757

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Delta Risk LLC

Occupation (for Individual)  
Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2021

**Transaction ID : SA11AI.85239**

Amount of Each Receipt this Period

257.50

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clark, Cobi, , Mr.,**

Mailing Address 13006 SE 306th PI

City  
Auburn

State  
WA

Zip Code  
98092-3405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Accrete Construction, LLC

Occupation (for Individual)  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2021

**Transaction ID : SA11AI.85243**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Clift, Robert, E., Mr., Jr.**

Mailing Address 6402 Hampton Dr

City  
Anchorage

State  
AK

Zip Code  
99504-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retired

Occupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2021

**Transaction ID : SA11AI.85265**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1007.50

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. D'Arcy, Toni, , ,

Mailing Address 10241 Democrat Rd

City  
ParkerState  
COZip Code  
80134-5003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.85477

Amount of Each Receipt this Period

150.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dagavarian, Dikran, O., Mr.,

Mailing Address 2 Bela View Dr

City  
BowState  
NHZip Code  
03304-4600FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2021

Transaction ID : SA11AI.85454

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Danke, Tyler, , ,

Mailing Address 705 Fremont St

City  
FremontState  
WIZip Code  
54940-9092FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Purely Poultry

Occupation (for Individual)

swan slinger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.85473

Amount of Each Receipt this Period

150.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Davis, Lynden, F., Mr.,**

Mailing Address 555 Pierce St Apt 1305

City  
Albany

State  
CA

Zip Code  
94706-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ASPAE

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

**Transaction ID : SA11AI.85492**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dempsey, Sean, , ,**

Mailing Address 20 Patriots Rd

City  
Stratham

State  
NH

Zip Code  
03885-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Loud Canvas Media

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2021

**Transaction ID : SA11AI.85527**

Amount of Each Receipt this Period

1545.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dennert, Josh, , ,**

Mailing Address 38872 Hobby Dr

City  
Aberdeen

State  
SD

Zip Code  
57401-8154

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Efforts Info Requested

Occupation (for Individual)  
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

**Transaction ID : SA11AI.85530**

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1770.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DeVito, Ian, , Mr.,**

Mailing Address 115D Coral St

City  
Santa Cruz

State  
CA

Zip Code  
95060-2156

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.24

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.85548

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dillon, Damon, Z., Mr.,**

Mailing Address 10534 Antioch Rd

City  
Tremont

State  
IL

Zip Code  
61568-9305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 25 / 2021

Transaction ID : SA11AI.85573

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dillon, Damon, Z., Mr.,**

Mailing Address 10534 Antioch Rd

City  
Tremont

State  
IL

Zip Code  
61568-9305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 25 / 2021

Transaction ID : SA11AI.85574

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DuBois, Sharon, A., Ms.,

Mailing Address 5412 SW 23rd St

City  
TopekaState  
KSZip Code  
66614-1649FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2021

Transaction ID : SA11AI.85630

Amount of Each Receipt this Period

257.50

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Duke, Wiliam, , Lt. Col.,

Mailing Address 273 Cherry Ct

City

Morgan Hill

State

CA

Zip Code

95037-6127

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

USAF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.85638

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Evans, David, , ,

Mailing Address 103 W Schuyler St

City

Oswego

State

NY

Zip Code

13126-1351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NA

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 23 / 2021

Transaction ID : SA11AI.85725

Amount of Each Receipt this Period

103.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

485.50

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Finkenbiner, Eric, , ,**

Mailing Address 1916 Pike Pl Ste 12 # 440

City  
Seattle

State  
WA

Zip Code  
98101-1056

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

United States Department of State

Occupation (for Individual)

Information Management Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

**Transaction ID : SA11AI.85786**

Amount of Each Receipt this Period

150.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Genis, June, R., ,**

Mailing Address 2200 W Acacia Ave Apt E329

City  
Hemet

State  
CA

Zip Code  
92545-6756

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Efforts Info Requested

Occupation (for Individual)  
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

**Transaction ID : SA11AI.85950**

Amount of Each Receipt this Period

85.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gessner, Maxwell, , ,**

Mailing Address 425 Irving Beach Dr SW

City  
Bemidji

State  
MN

Zip Code  
56601-3477

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sanford Health

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

386.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

**Transaction ID : SA11AI.85959**

Amount of Each Receipt this Period

128.75

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

363.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gilmore, Suzanne, W., Ms.,**

Mailing Address PO Box 558694

City  
Miami

State  
FL

Zip Code  
33255-8694

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2021

**Transaction ID : SA11AI.85986**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Goodman, Mark, A., Mr.,**

Mailing Address 401 Ryland St Ste 200

City  
Reno

State  
NV

Zip Code  
89502-1643

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Goodman Law Center

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

**Transaction ID : SA11AI.86014**

Amount of Each Receipt this Period

257.50

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gordon, Raymond, , Mr.,**

Mailing Address 440 Derbyshire Dr

City  
Venice

State  
FL

Zip Code  
34285-5681

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Efforts Info Requested

Occupation (for Individual)  
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2021

**Transaction ID : SA11AI.86022**

Amount of Each Receipt this Period

300.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1057.50

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Graciano Baldez Neves, Rafael, , ,

Mailing Address 6110 Golden Dewdrop Trl

City  
WindermereState  
FLZip Code  
34786-5696FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.86032

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gruntals, Inars, , Mr.,

Mailing Address 5 Valley Way

City  
MendhamState  
NJZip Code  
07945-1701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 22 / 2021

Transaction ID : SA11AI.86102

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hall, D. Brett, , Mr.,

Mailing Address PO Box 457

City  
MiamiState  
TXZip Code  
79059-0457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Red Deer Creek Ranch

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 22 / 2021

Transaction ID : SA11AI.86140

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

625.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hall, Jared, Fredrick, Mr.,

Mailing Address 4110 N College Ave

City  
IndianapolisState  
INZip Code  
46205-2739FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greatbatch MedicalOccupation (for Individual)  
Machinist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2021

Transaction ID : SA11Al.86148

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Henry, Timothy, , ,

Mailing Address 2259 Lemon Ct

City  
DunedinState  
FLZip Code  
34698-9543FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Efforts Info RequestedOccupation (for Individual)  
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2021

Transaction ID : SA11Al.86279

Amount of Each Receipt this Period

257.50

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hogarth, Susan, J., Ms.,

Mailing Address 5901 Penny Rd

City  
RaleighState  
NCZip Code  
27606-9044FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of NCOccupation (for Individual)  
Research Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11Al.86333

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

307.50

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hoyt, Gregory, , ,

Mailing Address 5733 Minnow Dr

City  
Fort WorthState  
TXZip Code  
76179-7559FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.86394

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Huling, Matthew, , Mr.,

Mailing Address 20 Weinel Dr

City  
Fairview HeightsState  
ILZip Code  
62208-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Crete carrier

Occupation (for Individual)

Truck driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 28 / 2021

Transaction ID : SA11AI.86419

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hull, Jason, , ,

Mailing Address 4501 W Wedge Dr

City  
FayettevilleState  
ARZip Code  
72704-7532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Yash Technologies Inc.

Occupation (for Individual)

Software Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.86420

Amount of Each Receipt this Period

150.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 96  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hunt, Janine, , ,**

Mailing Address 333 S 18th St

City  
Blair

State  
NE

Zip Code  
68008-1956

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

**Transaction ID : SA11AI.86425**

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joseph, Andy, , ,**

Mailing Address 2000 Jones Rd

City  
Granville

State  
OH

Zip Code  
43023-9542

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Zero Emission Conversions

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1023.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2021

**Transaction ID : SA11AI.86579**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kaiafas, Demetrios, , Dr.,**

Mailing Address 1202 Palm View Ave

City  
Belleair

State  
FL

Zip Code  
33756-1015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

learwater Pain Management

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

**Transaction ID : SA11AI.86591**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1225.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 96  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kannarr, John, , ,**

Mailing Address 6758 W Piute Ave

City  
GlendaleState  
AZZip Code  
85308-5505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2021

Transaction ID : SA11AI.86608

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kastner, Thomas, , Mr.,**

Mailing Address 1945 Dove Ln Apt 307

City  
CarlsbadState  
CAZip Code  
92009-4084FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Rockstar Games

Occupation (for Individual)

Associate Lead Game Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1545.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2021

Transaction ID : SA11AI.86613

Amount of Each Receipt this Period

1545.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kellar, Robert, M., Mr.,**

Mailing Address 137 Colonial Dr

City  
Saint Simons IslandState  
GAZip Code  
31522-1412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NA

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

254.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2021

Transaction ID : SA11AI.86628

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution
**SUBTOTAL** of Receipts This Page (optional)..... ►

1895.00

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kibbe, Theresa, , ,

Mailing Address 111 3rd St NE

City  
WashingtonState  
DCZip Code  
20002-7313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.86656

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kirvan, Clifford, , Mr., Jr.

Mailing Address 137 White Oak Dr

City  
TitusvilleState  
PAZip Code  
16354-1253FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OCP Inc.Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.86683

Amount of Each Receipt this Period

128.75

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kleiner, John, A., Mr.,

Mailing Address 46 Greenfield Dr

City  
MoragaState  
CAZip Code  
94556-1333FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.86694

Amount of Each Receipt this Period

85.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

338.75

TOTAL This Period (last page this line number only).....▶



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kocher, Victor, , Mr.,

Mailing Address 10120 Two Notch Rd # 2-411

City  
ColumbiaState  
SCZip Code  
29223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Palmetto Gold & PawnOccupation (for Individual)  
Pawn Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2021

Transaction ID : SA11AI.86712

Amount of Each Receipt this Period

103.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kurczynski, Brodie, , ,

Mailing Address 23702 Porpoise Cv

City

Laguna Niguel

State

CA

Zip Code

92677-1667

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PlayStationOccupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2021

Transaction ID : SA11AI.86773

Amount of Each Receipt this Period

309.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Labanowski, Jan, K., Mr.,

Mailing Address 2715 Westmont Blvd

City

Columbus

State

OH

Zip Code

43221-3334

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

251.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.86784

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

462.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 96  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lamb, George, Peter, Mr., III**

Mailing Address 16 Marthas Ln

City

Santa Rosa Beach

State

FL

Zip Code

32459-4172

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Applied Construction Technology

Occupation (for Individual)

Commerical Construction

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.86797

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Leatherbury, Jennifer, , Ms.,**

Mailing Address 126 Archer Rd

City

Newport News

State

VA

Zip Code

23606-1102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pediatrics at Oyster Point

Occupation (for Individual)

Physician Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.86865

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lewis, Aaron, , Dr., Ph. D.**

Mailing Address PO Box 380640

City

East Hartford

State

CT

Zip Code

06138-0640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.86919

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lilley, Charles, , Mr.,**

Mailing Address 2130 Kinney Ln

City  
Reno

State  
NV

Zip Code  
89511-9564

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pacific Spring LLC

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2021

**Transaction ID : SA11AI.86931**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MacCall, Robert, Bruce, Mr., II**

Mailing Address 1267 Sir George Cir

City

Virginia Bch

State

VA

Zip Code

23452-4622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

VIRGINIA DEPARTMENT of CORRECTIONS

Occupation (for Individual)

Corrections officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2021

**Transaction ID : SA11AI.87012**

Amount of Each Receipt this Period

350.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Markley, Kyle, , ,**

Mailing Address 324 NW Wildwood St

City

Hillsboro

State

OR

Zip Code

97124-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Intel Corporation

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2021

**Transaction ID : SA11AI.87067**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Matthews, Robert, B., Mr., Jr.

Mailing Address 3326 Desert Inn Dr

City  
Montgomery

State  
TX

Zip Code  
77356-5350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sam Houston State University

Occupation (for Individual)  
Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.87114

Amount of Each Receipt this Period

85.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mayeux, Caleb, , ,

Mailing Address 12900 Stanzel Dr

City  
Austin

State  
TX

Zip Code  
78729-6454

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Q2 Software

Occupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2021

Transaction ID : SA11AI.87123

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Meadows, John, , ,

Mailing Address 309 S 11th St

City  
Lincoln

State  
NE

Zip Code  
68508-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Spiral Communications

Occupation (for Individual)  
System Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

386.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.87204

Amount of Each Receipt this Period

128.75

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

1713.75

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mele, Gregg, Charles, , Esq.

Mailing Address 132 Westfield Ave Ste 3

City  
ClarkState  
NJZip Code  
07066-2428FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mele &amp; Associates, LLC

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.87224

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Misko, Amy, , Ms.,

Mailing Address 6830 Canal Blvd

City

New Orleans

State

LA

Zip Code

70124-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ADN Property Mgm't Services

Occupation (for Individual)

Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1386.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.87281

Amount of Each Receipt this Period

25.75

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Moulton, Chuck, , Dr.,

Mailing Address 1036 Hemlock Dr

City

Blue Bell

State

PA

Zip Code

19422-1572

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Villanova Law School

Occupation (for Individual)

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.87357

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nelson, Poppy, , ,**

Mailing Address 1800 N Oak St Apt 1212

City  
Arlington

State  
VA

Zip Code  
22209-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cooks

Occupation (for Individual)

Waitress

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2021

**Transaction ID : SA11Al.87403**

Amount of Each Receipt this Period

257.50

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nevins, Michael, , ,**

Mailing Address 4880 Brooklyn Rd

City  
Jackson

State  
MI

Zip Code  
49201-7814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Full Spectrum Solutions, Inc

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2021

**Transaction ID : SA11Al.87412**

Amount of Each Receipt this Period

257.50

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. O'Connor, James, A., Mr.,**

Mailing Address 4984 Sherman Wood Dr

City  
Kent

State  
OH

Zip Code  
44240-7049

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

US Army

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

**Transaction ID : SA11Al.87461**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

565.00

# SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'Donovan, Robert, , ,

Mailing Address 9203 W Cedar Ave

City  
LakewoodState  
COZip Code  
80226-1018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mancos Petroleum ServicesOccupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2021

Transaction ID : SA11Al.87467

Amount of Each Receipt this Period

515.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'Toole, Sean, T., ,

Mailing Address 3425 Gladstone Blvd

City  
Kansas CityState  
MOZip Code  
64123-1112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
U. Inc.Occupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11Al.87509

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ocasek, James, , ,

Mailing Address 116 Alpine Cir

City  
Rostraver TownshipState  
PAZip Code  
15012-6802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ATLANTIC METHANOL PRODUCTION COMPANYOccupation (for Individual)  
VICE PRESIDENT,

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11Al.87460

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

715.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Palmer, David, John, Lt. Col., Ret.

Mailing Address 443 Mateer Rd

City  
Hop Bottom

State  
PA

Zip Code  
18824-7927

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
USAF Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2021

Transaction ID : SA11AI.87529

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Passananti, John, Jackson, ,

Mailing Address 1500 Hancock St Apt 208

City  
Quincy

State  
MA

Zip Code  
02169-5072

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Efforts Info Requested

Occupation (for Individual)  
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.87559

Amount of Each Receipt this Period

150.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Peichel, Jeremy, , ,

Mailing Address 2071 Rosewood Ln S

City  
Roseville

State  
MN

Zip Code  
55113-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Efforts Info Requested

Occupation (for Individual)  
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.87573

Amount of Each Receipt this Period

150.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

400.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Penny, John, , ,

Mailing Address 225 S Jamestown Cir

City  
AndoverState  
KSZip Code  
67002-8814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11Al.87578

Amount of Each Receipt this Period

150.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Phillips, John, R., , Jr.

Mailing Address 441 Shadow Ln

City  
DecaturState  
ILZip Code  
62526-1144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Marcia's Waterfront Restaurant

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11Al.87618

Amount of Each Receipt this Period

75.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Phillips, Kimberly, , ,

Mailing Address PO Box 465

City  
CragsmoorState  
NYZip Code  
12420-0465FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Phillips Racing Inc

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11Al.87620

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Potter, Pamela, E., Ms.,

Mailing Address 538 Spring Place Rd NE

City  
WhiteState  
GAZip Code  
30184-2232FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.87656

Amount of Each Receipt this Period

300.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Restly, Frank, , Mr., , Jr.

Mailing Address 447 Dark Shade Dr

City  
WindberState  
PAZip Code  
15963-6813FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HF Lenz Company

Occupation (for Individual)

Electrical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2021

Transaction ID : SA11AI.87782

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Richter, Jonathan, J., Mr.,

Mailing Address 1785 W Dovewood Ln

City  
FresnoState  
CAZip Code  
93711-2321FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

John Barker &amp; As.

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.87812

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rigg, Morgan, L., Mr.,**

Mailing Address 3284 County Road 53

City  
ButlerState  
INZip Code  
46721-9615FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Trinity Lutheran ChurchOccupation (for Individual)  
Custodian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11Al.87819

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rosander, Karson, Earl, ,**

Mailing Address 1146 Howard Ave Apt A

City  
BillingsState  
MTZip Code  
59102-5500FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TalenOccupation (for Individual)  
Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2021

Transaction ID : SA11Al.87892

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ruks, Thomas, E., Mr.,**

Mailing Address 9027 NE Humboldt St

City  
PortlandState  
ORZip Code  
97220-4733FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Deloitte&ToucheOccupation (for Individual)  
Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2021

Transaction ID : SA11Al.87932

Amount of Each Receipt this Period

75.95

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

450.95

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Salvette, John, A., Mr.,

Mailing Address 2016 Devonshire Rd

City  
Ann Arbor

State  
MI

Zip Code  
48104-4058

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hayes Lemmerz International

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2021

Transaction ID : SA11AI.87965

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schachter, Jeffrey, M., ,

Mailing Address 6 Richard Way

City  
Littleton

State  
MA

Zip Code  
01460-1659

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.88005

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schoeb, Trenton, R., ,

Mailing Address 239 Odum Crest Ln

City  
Hoover

State  
AL

Zip Code  
35226-1093

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Alabama at Birmingham

Occupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2021

Transaction ID : SA11AI.88029

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

250.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schupp, Lawrence, , ,**

Mailing Address 31201 S Highway 125 Unit 5

City  
Afton

State  
OK

Zip Code  
74331-8302

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.88051

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shuford, Robert, F., Mr., Jr.**

Mailing Address 6 Whartons Way

City

Hampton

State

VA

Zip Code

23669-1094

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Old Point National Bank

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.88134

Amount of Each Receipt this Period

150.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Siler, Danielle, B., Ms.,**

Mailing Address 1730 22nd Ave Apt 222W

City

Seattle

State

WA

Zip Code

98122-2994

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SEI

Occupation (for Individual)

Customer care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1545.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.88150

Amount of Each Receipt this Period

1545.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1720.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simmons, Noah, , ,**

Mailing Address 192 Mountain Ridge Trl

City  
Stoneville

State  
NC

Zip Code  
27048-8492

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CTW Home Collection

Occupation (for Individual)  
Warehouse Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

**Transaction ID : SA11AI.88157**

Amount of Each Receipt this Period

128.75

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Lloyd, E., Mr.,**

Mailing Address 18207 N 137th Dr

City  
Sun City West

State  
AZ

Zip Code  
85375-5273

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HYCO Tunnel & Sewer Co.

Occupation (for Individual)  
Land Speculator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2021

**Transaction ID : SA11AI.88206**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Specht, Christian, , Mr.,**

Mailing Address PO Box 340502

City  
Milwaukee

State  
WI

Zip Code  
53234-0502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Efforts Info Requested

Occupation (for Individual)  
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2021

**Transaction ID : SA11AI.88252**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

478.75

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Starling, Alvin, , ,

Mailing Address 2242 Chaucer Way

City  
MadisonState  
OHZip Code  
44057-2513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.88288

Amount of Each Receipt this Period

150.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Strugatskiy, Ivan, , ,

Mailing Address 1081 Palmer Ave

City  
LarchmontState  
NYZip Code  
10538-3316FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.88352

Amount of Each Receipt this Period

150.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sturgeon, John, A., Mr.,

Mailing Address 315 Roane St

City  
CharlestonState  
WVZip Code  
25302-2122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NA

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2021

Transaction ID : SA11AI.88356

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

2300.00

TOTAL This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 96

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Test, Charles, Davol, Mr.,**

Mailing Address 2710 2nd Ave S

City  
Minneapolis

State  
MN

Zip Code  
55408-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Landlord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.88427

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thompson, James, L., ,**

Mailing Address 2563 Red Rock Blvd

City  
Grove City

State  
OH

Zip Code  
43123-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2021

Transaction ID : SA11AI.88445

Amount of Each Receipt this Period

257.50

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thornton, Sean, R., ,**

Mailing Address 755 Canary Dr

City  
Charleston

State  
SC

Zip Code  
29414-5458

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Scientific Research Corporation

Occupation (for Individual)

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

285.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.88453

Amount of Each Receipt this Period

95.10

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

452.60



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Unkefer, Todd, , Cpt.,

Mailing Address 755 Bread and Milk St

City  
CoventryState  
CTZip Code  
06238-1014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Myself

Occupation (for Individual)

Historian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2021

Transaction ID : SA11AI.88528

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Varner, Kyle, , ,

Mailing Address 5905 W Rutter Pkwy

City  
SpokaneState  
WAZip Code  
99208-9220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.88562

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Varner, Kyle, , ,

Mailing Address 5905 W Rutter Pkwy

City  
SpokaneState  
WAZip Code  
99208-9220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2021

Transaction ID : SA11AI.88563

Amount of Each Receipt this Period

200.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 96  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vega, Julian, , ,**

Mailing Address 123 Bishop Lamy Rd

City  
Lamy

State  
NM

Zip Code  
87540-9602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

**Transaction ID : SA11AI.88576**

Amount of Each Receipt this Period

150.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wells, William, I., Mr.,**

Mailing Address 7033 Park Springs Rd

City

Pelham

State

NC

Zip Code

27311-8851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NOAA/NWS

Occupation (for Individual)  
Meteorological Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2021

**Transaction ID : SA11AI.88678**

Amount of Each Receipt this Period

188.50

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wicklund, Matthew, Paul, Dr.,**

Mailing Address 5491 E Geddes Pl

City

Centennial

State

CO

Zip Code

80122-2560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Penn State Hershey Medical Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

**Transaction ID : SA11AI.88731**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

438.50

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wiechmann, Gene, , Mr., Jr.

Mailing Address 161 County Road 722

City  
AthensState  
TNZip Code  
37303-5213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.88732

Amount of Each Receipt this Period

128.75

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilson, Mike, , Mr.,

Mailing Address 422 Jupiter Ave

City  
SalinaState  
KSZip Code  
67401-7379FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.88779

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wostratzky, Don, , Mr.,

Mailing Address 1S706 Bender Ln

City  
West ChicagoState  
ILZip Code  
60185-4446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 18 / 2021

Transaction ID : SA11AI.88813

Amount of Each Receipt this Period

300.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

478.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 96  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Yost, Kenneth, , ,**

Mailing Address 3005 Thornhill Rd

City  
Fayetteville

State  
NC

Zip Code  
28306-8332

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
US Army (Retired)/Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA11AI.88837

Amount of Each Receipt this Period

150.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

33319.05

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 96

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. LIBERTARIAN PARTY OF COLORADO**

Mailing Address 11757 W KEN CARYL AVE  
F124

City  
LITTLETON

State  
CO

Zip Code  
80127

FEC ID number of contributing  
federal political committee.

**C** C00623397

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2021

Transaction ID : SA12.89134

Amount of Each Receipt this Period

90.00

☐ Memo Item  
Transfer

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

90.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. A & D Cleaning Service, LLC**

Mailing Address 2878 Ft. Scott Dr. #101

City  
ArlingtonState  
VAZip Code  
22202-2347Purpose of Disbursement  
Headquarters Account - Cleaning

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

FEC Identification Number

**C****Transaction ID : SB21B.88875**

Amount of Each Disbursement this Period

330.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Aitken, David, , Mr.,**

Mailing Address 1240 N Ogden St Apt 4

City  
DenverState  
COZip Code  
80218-1930Purpose of Disbursement  
Civi-CRM Support (Software)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2021

FEC Identification Number

**C****Transaction ID : SB21B.89109**

Amount of Each Disbursement this Period

583.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Aitken, David, , Mr.,**

Mailing Address 1240 N Ogden St Apt 4

City  
DenverState  
COZip Code  
80218-1930Purpose of Disbursement  
Civi-CRM Support

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2021

FEC Identification Number

**C****Transaction ID : SB21B.88877**

Amount of Each Disbursement this Period

393.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1307.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Banks, Ranota, , ,**

Mailing Address 8233 Krim Dr NE

City  
AlbuquerqueState  
NMZip Code  
87109-5225Purpose of Disbursement  
Administrative Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2021

FEC Identification Number

**C****Transaction ID : SB21B.88880**

Amount of Each Disbursement this Period

1099.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BB&T - Branch Banking & Trust**

Mailing Address 1717 King St

City  
AlexandriaState  
VAZip Code  
22314-0000Purpose of Disbursement  
Bank Service Charge

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

FEC Identification Number

**C****Transaction ID : SB21B.88881**

Amount of Each Disbursement this Period

193.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T Visa**

Mailing Address P.O. BOX 580340

City  
CharlotteState  
NCZip Code  
28258-0340Purpose of Disbursement  
Credit Card Payment See Memo

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

16745.02

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

18038.23

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Airbnb, Inc.**

Mailing Address 888 Brannan Street

City  
San FranciscoState  
CAZip Code  
94103-0000Purpose of Disbursement  
Staff Travel - Lodging

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2021

FEC Identification Number

**C** **Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

 400.00☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amazon Cloud Services**

Mailing Address 1200 12th Avenue South #1200

City  
SeattleState  
WAZip Code  
98144-2734Purpose of Disbursement  
Cloud Web Server

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2021

FEC Identification Number

**C** **Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

 34.97☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Amazon.com**

Mailing Address 1200 12th Avenue South #1200

City  
SeattleState  
WAZip Code  
98144-2734Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2021

FEC Identification Number

**C** **Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

 34.97☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ► 0.00**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. AT&T**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2021

Mailing Address PO Box 536216

City  
AtlantaState  
GAZip Code  
30353-6216Purpose of Disbursement  
Wireless WiFi Router

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

FEC Identification Number

C

Transaction ID : SB21B.88882

Amount of Each Disbursement this Period

68.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. B & B Duplicators**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2021

Mailing Address 818 18th Street NW LL15

City  
WashingtonState  
DCZip Code  
20006-0000Purpose of Disbursement  
Non Candidate Party Printing

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

FEC Identification Number

C

Transaction ID : SB21B.88882

Amount of Each Disbursement this Period

2930.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bambee, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		09		2021

Mailing Address 304 S Broadway STE 330

City  
Los AngelesState  
CAZip Code  
90013-1224Purpose of Disbursement  
Human Resources Services

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

FEC Identification Number

C

Transaction ID : SB21B.88882

Amount of Each Disbursement this Period

1908.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Boston Commerce - Your Favorite Inc.**

Mailing Address 84 Gainsborough Street

City  
BostonState  
MAZip Code  
02115-6525Purpose of Disbursement  
Software Monthly Fee

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2021

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

24.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Comcast**

Mailing Address PO Box 37601

City  
PhiladelphiaState  
PAZip Code  
19101-0601Purpose of Disbursement  
Cable Internet & Phone

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2021

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

813.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Digital Ocean, Inc.**

Mailing Address 101 6th Ave

City  
New YorkState  
NYZip Code  
10013-0000Purpose of Disbursement  
Software

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2021

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

5.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Dropbox, Inc.**

Mailing Address 185 Berry St STE 400

City  
San FranciscoState  
CAZip Code  
94107-0000Purpose of Disbursement  
File Sharing Software

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	6			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

19.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Duracard, Inc.**

Mailing Address 8800 Foundry St.

City  
SavageState  
MDZip Code  
20763-9512Purpose of Disbursement  
Membership Card Materials

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	8			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

531.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ECanvasser.com**

Mailing Address Floor 3 Lawley House

City  
Cork City Ireland T12N6PYState  
ZZZip Code  
20000Purpose of Disbursement  
Candidate Canvassing Software

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	5			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

1616.80

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. ExpressVPN.com**

Mailing Address 113 Barksdale Professional Center

City  
NewarkState  
DEZip Code  
19711-0000Purpose of Disbursement  
VPN Software

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	8			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

99.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. GoDaddy.com, Inc.**

Mailing Address 14455 N Hayden Rd # 226

City  
ScottsdaleState  
AZZip Code  
85260-6993Purpose of Disbursement  
Domain Renewals & Transfers

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	3			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

121.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Google, Inc.**

Mailing Address 1600 Amphitheatre Prky

City  
Mt. ViewState  
CAZip Code  
94043-1351Purpose of Disbursement  
GSuite Hosting Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

901.35

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. IBM - UStream.TV**

Mailing Address 410 Townsend St

City  
San FranciscoState  
CAZip Code  
94107-0000Purpose of Disbursement  
Group List Server

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2021

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

99.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. John Companies Collocation**

Mailing Address 5482 Complex St #114

City  
San DiegoState  
CAZip Code  
92123-0000Purpose of Disbursement  
Mail List Server

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2021

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

706.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lexis-Nexis t/a Accurint**

Mailing Address P.O. Box 538358

City  
AtlantaState  
GAZip Code  
30353-8358Purpose of Disbursement  
Address - Phone Verification

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2021

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

242.93

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b   ☐ 22   ☐ 23   ☐ 26   ☐ 27  
☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Microsoft Corp.**

Mailing Address 1 Microsoft Way

City  
RedmondState  
WAZip Code  
98052-8300Purpose of Disbursement  
Software

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	3			2	0	2	1		

FEC Identification Number

**C** **Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

 6.00☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MJW Consulting**Mailing Address 3 Straightmead  
Litton SomersetCity  
UK BA3 4GWState  
DCZip Code  
20000Purpose of Disbursement  
Software

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	6			2	0	2	1		

FEC Identification Number

**C** **Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

 810.00☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. PayPal Merchant Services**

Mailing Address 2211 N. First St.

City  
San JoseState  
CAZip Code  
95131-0000Purpose of Disbursement  
Merchant Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	4			2	0	2	1		

FEC Identification Number

**C** **Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

 336.20☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. PC Nametag, Inc.**

Mailing Address 124 Horizon Dr

City  
VeronaState  
WIZip Code  
53593-0000Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2021

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

137.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sparkpost TuCows Inc.**

Mailing Address 9130 Guilford Road Suite 100

City  
ColumbiaState  
MDZip Code  
21046-0000Purpose of Disbursement  
Software

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2021

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

290.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. StorQuest**

Mailing Address 16980 Cottonwood Drive

City  
ParkerState  
COZip Code  
80134-0000Purpose of Disbursement  
Storage Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2021

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

330.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Streamyad.com**

Mailing Address 1870 McKenzie Avenue

City  
Victoria Canada BC V8N4X3State  
ZZZip Code  
20000Purpose of Disbursement  
Video Streaming Software

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	1			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

468.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. TrendMicro, Inc.**

Mailing Address 10101 N. De Anza Blvd

City  
CupertinoState  
CAZip Code  
95014-0000Purpose of Disbursement  
Antivirus Software

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	6			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

81.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ULine, Inc.**

Mailing Address PO Box 88741

City  
ChicagoState  
ILZip Code  
60680-1741Purpose of Disbursement  
Shipping Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

201.86

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. WP Engine**

Mailing Address 504 Lavaca Street, Suite 1000

City  
AustinState  
TXZip Code  
78701-0000Purpose of Disbursement  
Website Plugin and Hosting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	1			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

2900.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Zoom Video Communications, Inc.**

Mailing Address 55 Almaden Boulevard, 6th Floor

City  
San JoseState  
CAZip Code  
95113-0000Purpose of Disbursement  
Video Conference Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	3			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88882**

Amount of Each Disbursement this Period

52.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T Visa**

Mailing Address P.O. BOX 580340

City  
CharlotteState  
NCZip Code  
28258-0340Purpose of Disbursement  
Headquarters Account - Credit Card Payment See Memo

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.89011**

Amount of Each Disbursement this Period

772.05

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

772.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. ADT Security Systems**

Mailing Address PO Box 371878

City  
PittsburghState  
PAZip Code  
15250-7878Purpose of Disbursement  
Headquarters Acct - Security Systems

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.89011**

Amount of Each Disbursement this Period

67.05

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Better Termite & Pest Control, Inc.**

Mailing Address 2647 Duke St

City  
AlexandriaState  
VAZip Code  
22314-4593Purpose of Disbursement  
Headquarters Acct- Pest Control

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.89011**

Amount of Each Disbursement this Period

75.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Del Ray Glass, Inc**

Mailing Address 6621 Richmond Hwy

City  
AlexandriaState  
VAZip Code  
22306Purpose of Disbursement  
Headquarters Acct - Door and Window Repairs

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.89011**

Amount of Each Disbursement this Period

630.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Bigeye Direct, Inc.**

Mailing Address PO Box 710865

City  
Oak HillState  
VAZip Code  
20171-0865Purpose of Disbursement  
Non Candidate Parting Printing Service

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2021

FEC Identification Number

**C****Transaction ID : SB21B.89099**

Amount of Each Disbursement this Period

2174.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bigeye Direct, Inc.**

Mailing Address PO Box 710865

City  
Oak HillState  
VAZip Code  
20171-0865Purpose of Disbursement  
Non Candidate Party Printing Serv

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2021

FEC Identification Number

**C****Transaction ID : SB21B.88916**

Amount of Each Disbursement this Period

2751.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Blackbaud, Inc.**

Mailing Address P.O. Box 930256

City  
AtlantaState  
GAZip Code  
31193-0256Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2021

FEC Identification Number

**C****Transaction ID : SB21B.88918**

Amount of Each Disbursement this Period

751.93

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5677.44

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Burns, Andrew, , ,**

Mailing Address 470 3rd St S Unit 616

City  
St. PetersburgState  
FLZip Code  
33701-4646Purpose of Disbursement  
Affiliate Support Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		15		2021

FEC Identification Number

**C****Transaction ID : SB21B.88919**

Amount of Each Disbursement this Period

5120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Burns, Andrew, , ,**

Mailing Address 470 3rd St S Unit 616

City  
St. PetersburgState  
FLZip Code  
33701-4646Purpose of Disbursement  
Affiliate Support Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2021

FEC Identification Number

**C****Transaction ID : SB21B.89101**

Amount of Each Disbursement this Period

2560.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CareFirst BlueChoice, Inc.**

Mailing Address PO Box 79749

City  
BaltimoreState  
MDZip Code  
21279-0749Purpose of Disbursement  
Employee health and Dental

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2021

FEC Identification Number

**C****Transaction ID : SB21B.88921**

Amount of Each Disbursement this Period

1705.31

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9385.31

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Clemence, Chris, , ,**

Mailing Address 3015 Mosby Dr

City  
Sugar LandState  
TXZip Code  
77479-1616Purpose of Disbursement  
Administrative Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	2			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88922**

Amount of Each Disbursement this Period

2024.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Clemence, Chris, , ,**

Mailing Address 3015 Mosby Dr

City  
Sugar LandState  
TXZip Code  
77479-1616Purpose of Disbursement  
Administrative Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88923**

Amount of Each Disbursement this Period

2208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CNA Insurance**

Mailing Address PO Box 74007619

City  
ChicagoState  
ILZip Code  
60674-7619Purpose of Disbursement  
Workers Comp

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88924**

Amount of Each Disbursement this Period

681.42

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4913.42

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Congdon, Rebekah, Gwen, ,**

Mailing Address 7113 Avery Rd

City  
Live OakState  
TXZip Code  
78233-5465Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2021

FEC Identification Number

**C** **Transaction ID : SB21B.88925**

Amount of Each Disbursement this Period

 2160.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Congdon, Rebekah, Gwen, ,**

Mailing Address 7113 Avery Rd

City  
Live OakState  
TXZip Code  
78233-5465Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		22		2021

FEC Identification Number

**C** **Transaction ID : SB21B.88926**

Amount of Each Disbursement this Period

 2241.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Congdon, Rebekah, Gwen, ,**

Mailing Address 7113 Avery Rd

City  
Live OakState  
TXZip Code  
78233-5465Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2021

FEC Identification Number

**C** **Transaction ID : SB21B.89102**

Amount of Each Disbursement this Period

 2160.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 6561.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. DeSisto, Tara, , ,**

Mailing Address 351 Linwood Ave

City  
NewtonState  
MAZip Code  
02460-0000Purpose of Disbursement  
Administrative Support

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.89103**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DeSisto, Tara, , ,**

Mailing Address 351 Linwood Ave

City  
NewtonState  
MAZip Code  
02460-0000Purpose of Disbursement  
Reimbursed Travel- See memo

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.89104**

Amount of Each Disbursement this Period

1036.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DeSisto, Tara, , ,**

Mailing Address 351 Linwood Ave

City  
NewtonState  
MAZip Code  
02460-0000Purpose of Disbursement  
Management and Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88925**

Amount of Each Disbursement this Period

4814.26

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

9350.60

**TOTAL** This Period (last page this line number only)..... ►



: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.89104

Air BnB 888 Brannan Street San Francisco CA 94103 3/12/2021 Travel Lodging \$1036.34

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. DeSisto, Tara, , ,**

Mailing Address 351 Linwood Ave

City  
NewtonState  
MAZip Code  
02460-0000Purpose of Disbursement  
Management and Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88930**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Dominion Virginia Power**

Mailing Address PO Box 26543

City  
RichmondState  
VAZip Code  
23290-0001Purpose of Disbursement  
Headquarters Account - Electric

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	0			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.89016**

Amount of Each Disbursement this Period

215.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Dunbar, Dominick, , ,**

Mailing Address 75 Aquia Creek Rd

City  
StaffordState  
VAZip Code  
22554-5528Purpose of Disbursement  
Computer Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88933**

Amount of Each Disbursement this Period

420.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4135.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Edwards, Paula, , ,**

Mailing Address P.O. Box 55456

City  
WashingtonState  
DCZip Code  
20006-5456Purpose of Disbursement  
Legal Fund Account - FEC Compliance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.89021**

Amount of Each Disbursement this Period

1600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Federal Withholding

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	3			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88934**

Amount of Each Disbursement this Period

1096.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Medicare Company

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	3			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88935**

Amount of Each Disbursement this Period

116.81

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2812.81

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2021

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Medicare Employee

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.88936**

Amount of Each Disbursement this Period

116.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2021

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Social Security Company

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.88937**

Amount of Each Disbursement this Period

499.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2021

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Social Security Employee

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.88938**

Amount of Each Disbursement this Period

499.43

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1115.67

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Federal Unemployment

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2021

FEC Identification Number

**C****Transaction ID : SB21B.88939**

Amount of Each Disbursement this Period

4.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Federal Withholding

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2021

FEC Identification Number

**C****Transaction ID : SB21B.88940**

Amount of Each Disbursement this Period

1124.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Medicare Company

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2021

FEC Identification Number

**C****Transaction ID : SB21B.88941**

Amount of Each Disbursement this Period

129.16

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1257.89

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2021

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Medicare Employee

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.88942**

Amount of Each Disbursement this Period

129.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2021

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Social Security Company

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.88943**

Amount of Each Disbursement this Period

552.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2021

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Social Security Employee

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.88944**

Amount of Each Disbursement this Period

552.27

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1233.70

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Federal Unemployment

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

FEC Identification Number

**C** **Transaction ID : SB21B.88945**

Amount of Each Disbursement this Period

 10.39☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Federal Withholding

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

FEC Identification Number

**C** **Transaction ID : SB21B.88946**

Amount of Each Disbursement this Period

 1212.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Medicare Company

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

FEC Identification Number

**C** **Transaction ID : SB21B.88947**

Amount of Each Disbursement this Period

 141.90☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 1364.29

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Medicare Employee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

FEC Identification Number

C

Transaction ID : SB21B.88948

Amount of Each Disbursement this Period

141.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Social Security Company

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

FEC Identification Number

C

Transaction ID : SB21B.88949

Amount of Each Disbursement this Period

606.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Social Security Employee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

FEC Identification Number

C

Transaction ID : SB21B.88951

Amount of Each Disbursement this Period

606.75

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1355.40



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. FP Mailing Solutions**

Mailing Address PO Box 157

City  
Bedford ParkState  
ILZip Code  
60499-0157Purpose of Disbursement  
Postage & Meter Resets

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

FEC Identification Number

**C****Transaction ID : SB21B.88951**

Amount of Each Disbursement this Period

2110.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hall, Oliver, , ,**

Mailing Address 1835 16th St NW #5

City  
WashingtonState  
DCZip Code  
20009-0000Purpose of Disbursement  
Legal Fund Account - Legal Retainer

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

FEC Identification Number

**C****Transaction ID : SB21B.89022**

Amount of Each Disbursement this Period

4500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Harris, Tyler, , ,**

Mailing Address 6954 Gillis Way

City  
GainesvilleState  
VAZip Code  
20155-1697Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2021

FEC Identification Number

**C****Transaction ID : SB21B.88951**

Amount of Each Disbursement this Period

2547.04

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9157.04

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Harris, Tyler, , ,**

Mailing Address 6954 Gillis Way

City  
GainesvilleState  
VAZip Code  
20155-1697Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2021

FEC Identification Number

**C****Transaction ID : SB21B.88956**

Amount of Each Disbursement this Period

2547.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Harris, Tyler, , ,**

Mailing Address 6954 Gillis Way

City  
GainesvilleState  
VAZip Code  
20155-1697Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

FEC Identification Number

**C****Transaction ID : SB21B.88957**

Amount of Each Disbursement this Period

2547.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kraus, Robert, S., ,**Mailing Address 205 Yoakum Pkwy  
Apt 1111City  
AlexandriaState  
VAZip Code  
22304-3857Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2021

FEC Identification Number

**C****Transaction ID : SB21B.88958**

Amount of Each Disbursement this Period

1640.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6735.03

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Kraus, Robert, S., ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2021

Mailing Address 205 Yoakum Pkwy  
Apt 1111City  
AlexandriaState  
VAZip Code  
22304-3857Purpose of Disbursement  
Employee Net Pay

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.88959**

Amount of Each Disbursement this Period

1640.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kraus, Robert, S., ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

Mailing Address 205 Yoakum Pkwy  
Apt 1111City  
AlexandriaState  
VAZip Code  
22304-3857Purpose of Disbursement  
Employee Net Pay

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.88960**

Amount of Each Disbursement this Period

1640.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Libertarian Party Arizona**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2021

Mailing Address 4802 E. Ray Road #23-255

City  
PhoenixState  
AZZip Code  
85044-0000Purpose of Disbursement  
Transfer to Affiliate

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.88962**

Amount of Each Disbursement this Period

622.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

3904.19

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. MacCutcheon, Michelle, Renea, Mrs.,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2021

Mailing Address 18 Ross St

City  
LebanonState  
OHZip Code  
45036-2024Purpose of Disbursement  
Administrative Consulting

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.89108**

Amount of Each Disbursement this Period

1440.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MacCutcheon, Michelle, Renea, Mrs.,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2021

Mailing Address 18 Ross St

City  
LebanonState  
OHZip Code  
45036-2024Purpose of Disbursement  
Administrative Consulting

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.88966**

Amount of Each Disbursement this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MacCutcheon, Michelle, Renea, Mrs.,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2021

Mailing Address 18 Ross St

City  
LebanonState  
OHZip Code  
45036-2024Purpose of Disbursement  
Employee Net Pay

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.88967**

Amount of Each Disbursement this Period

702.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2942.25

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. MacCutcheon, Michelle, Renea, Mrs.,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	1		

Mailing Address 18 Ross St

City  
LebanonState  
OHZip Code  
45036-2024Purpose of Disbursement  
Employee Net Pay

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.88968**

Amount of Each Disbursement this Period

1440.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Master Print - Vomela, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	2			2	0	2	1		

Mailing Address PO Box 1467

City  
NewingtonState  
VAZip Code  
22122-1467Purpose of Disbursement  
Non Candidate Party Printing Serv

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.88969**

Amount of Each Disbursement this Period

257.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Master Print - Vomela, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	2	1		

Mailing Address PO Box 1467

City  
NewingtonState  
VAZip Code  
22122-1467Purpose of Disbursement  
Non Candidate Party Printing Serv

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.88970**

Amount of Each Disbursement this Period

753.66

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2451.55

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Master Print - Vomela, Inc.**

Mailing Address PO Box 1467

City  
NewingtonState  
VAZip Code  
22122-1467Purpose of Disbursement  
Non Candidate Party Printing Serv

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2021

FEC Identification Number

**C** **Transaction ID : SB21B.88971**

Amount of Each Disbursement this Period

 502.78☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Master Print - Vomela, Inc.**

Mailing Address PO Box 1467

City  
NewingtonState  
VAZip Code  
22122-1467Purpose of Disbursement  
Non Candidate Party Printing Serv

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2021

FEC Identification Number

**C** **Transaction ID : SB21B.88972**

Amount of Each Disbursement this Period

 518.34☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Merchant Services**

Mailing Address 890 Mountain Ave

City  
New ProvidenceState  
NJZip Code  
07974-0000Purpose of Disbursement  
Merch Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2021

FEC Identification Number

**C** **Transaction ID : SB21B.88973**

Amount of Each Disbursement this Period

 219.33☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 1240.45

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Meridian - Konica, Inc.**

Mailing Address 1595 Spring Hill Rd Ste 450

City  
ViennaState  
VAZip Code  
22312-0000Purpose of Disbursement  
Copier - Monthly Printing and Maint

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88974**

Amount of Each Disbursement this Period

85.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Miller's Office Products, Inc.**

Mailing Address PO Box 1537

City  
NewingtonState  
VAZip Code  
22122-1537Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88975**

Amount of Each Disbursement this Period

116.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Miller's Office Products, Inc.**

Mailing Address PO Box 1537

City  
NewingtonState  
VAZip Code  
22122-1537Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88976**

Amount of Each Disbursement this Period

157.86

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

360.46

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Miller's Office Products, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2021

Mailing Address PO Box 1537

City  
NewingtonState  
VAZip Code  
22122-1537Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.88977

Amount of Each Disbursement this Period

29.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Omega Oak - Buffalo Rock**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		02		2021

Mailing Address 24524 Playhouse Road

City  
KeystoneState  
SDZip Code  
57751-0000Purpose of Disbursement  
Administrative Consulting

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.89105

Amount of Each Disbursement this Period

1814.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Oquirrh Mountain Strategies, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		10		2021

Mailing Address 8831 W State Highway

City  
CoppertonState  
UTZip Code  
84006-0000Purpose of Disbursement  
Candidate Recruitment & Support Services

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.89106

Amount of Each Disbursement this Period

4874.05

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6717.92



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Oquirrh Mountain Strategies, LLC**

Mailing Address 8831 W State Highway

City  
CoppertonState  
UTZip Code  
84006-0000Purpose of Disbursement  
Candidate Recruitment & Support Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2021

FEC Identification Number

**C****Transaction ID : SB21B.88983**

Amount of Each Disbursement this Period

4291.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PayPal Merchant Services**

Mailing Address 2211 N. First St.

City  
San JoseState  
CAZip Code  
95131-0000Purpose of Disbursement  
Merch Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2021

FEC Identification Number

**C****Transaction ID : SB21B.88984**

Amount of Each Disbursement this Period

976.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address 411 King St.

City  
AlexandriaState  
VAZip Code  
22314-0000Purpose of Disbursement  
Bank Service Charge

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2021

FEC Identification Number

**C****Transaction ID : SB21B.88984**

Amount of Each Disbursement this Period

38.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5306.70

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Postmaster - Alexandria Permits**

Mailing Address 2226 Duke St

City  
AlexandriaState  
VAZip Code  
22314-9998Purpose of Disbursement  
Postal permit

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2021

FEC Identification Number

**C** **Transaction ID : SB21B.88987**

Amount of Each Disbursement this Period

 245.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
RenoState  
NVZip Code  
89520-3015Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2021

FEC Identification Number

**C** **Transaction ID : SB21B.88988**

Amount of Each Disbursement this Period

 118.75☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
RenoState  
NVZip Code  
89520-3015Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2021

FEC Identification Number

**C** **Transaction ID : SB21B.88988**

Amount of Each Disbursement this Period

 23.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 386.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
RenoState  
NVZip Code  
89520-3015Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				3	1					2	0	2

FEC Identification Number

**C****Transaction ID : SB21B.88990**

Amount of Each Disbursement this Period

13.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Round House Sq UOA**

Mailing Address 6231 Leesburg Pk #100

City  
Falls ChurchState  
VAZip Code  
22044-0000Purpose of Disbursement  
Headquarters Account - Association Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				0	1					2	0	2

FEC Identification Number

**C****Transaction ID : SB21B.89020**

Amount of Each Disbursement this Period

215.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Schulz, Cara, L., ,**

Mailing Address 30 Walden St

City  
BurnsvilleState  
MNZip Code  
55337-3678Purpose of Disbursement  
Candidate Recruitment & Support Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				1	2					2	0	2

FEC Identification Number

**C****Transaction ID : SB21B.89107**

Amount of Each Disbursement this Period

3600.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3828.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Shifflett, Gary, , ,**

Mailing Address 405 Thomas St.

City  
AlexandriaState  
VAZip Code  
22302-0000Purpose of Disbursement  
Headquarters Account - Handyman Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		22		2021

FEC Identification Number

**C****Transaction ID : SB21B.89018**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stenquist, Christine, , ,**

Mailing Address 290 West 100 North

City  
KaysvilleState  
UTZip Code  
84037Purpose of Disbursement  
Legislative Preparation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2021

FEC Identification Number

**C****Transaction ID : SB21B.89111**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stenquist, Christine, , ,**

Mailing Address 290 West 100 North

City  
KaysvilleState  
UTZip Code  
84037Purpose of Disbursement  
Legislative Preparation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		15		2021

FEC Identification Number

**C****Transaction ID : SB21B.88993**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Stenquist, Christine, , ,**

Mailing Address 290 West 100 North

City  
KaysvilleState  
UTZip Code  
84037Purpose of Disbursement  
Legislative Preparation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88994**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stigler Printing**

Mailing Address 106 SE A Street

City  
StiglerState  
OKZip Code  
74462-0000Purpose of Disbursement  
LP News Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	8			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88995**

Amount of Each Disbursement this Period

7241.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stigler Printing**

Mailing Address 106 SE A Street

City  
StiglerState  
OKZip Code  
74462-0000Purpose of Disbursement  
LP News Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	2			2	0	2	1		

FEC Identification Number

**C****Transaction ID : SB21B.88996**

Amount of Each Disbursement this Period

9701.65

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

17943.14

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Stripe, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2021

Mailing Address 510 Townsend Street

City  
San FranciscoState  
CAZip Code  
94103-0000Purpose of Disbursement  
Merch Processing Fee

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.88997

Amount of Each Disbursement this Period

884.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Thexton, Matthew, A., Mr.,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2021

Mailing Address 7219 Gordons Rd

City  
Falls ChurchState  
VAZip Code  
22040-6232Purpose of Disbursement  
Employee Net Pay

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.88998

Amount of Each Disbursement this Period

1159.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Thexton, Matthew, A., Mr.,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2021

Mailing Address 7219 Gordons Rd

City  
Falls ChurchState  
VAZip Code  
22040-6232Purpose of Disbursement  
Employee Net Pay

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.88999

Amount of Each Disbursement this Period

1198.06

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3242.35

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Thexton, Matthew, A., Mr.,**

Mailing Address 7219 Gordons Rd

City  
Falls ChurchState  
VAZip Code  
22040-6232Purpose of Disbursement  
Employee Net Pay

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				3	1					2	0	2

FEC Identification Number

**C****Transaction ID : SB21B.89000**

Amount of Each Disbursement this Period

1159.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Vanguard - Ascensus**

Mailing Address PO Box 28067

City  
New YorkState  
NYZip Code  
10087-8067Purpose of Disbursement  
LP 401K Contributions and Match

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				0	3					2	0	2

FEC Identification Number

**C****Transaction ID : SB21B.89001**

Amount of Each Disbursement this Period

724.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Vanguard - Ascensus**

Mailing Address PO Box 28067

City  
New YorkState  
NYZip Code  
10087-8067Purpose of Disbursement  
LP 401K Contributions and Match

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				3	1					2	0	2

FEC Identification Number

**C****Transaction ID : SB21B.89002**

Amount of Each Disbursement this Period

1455.63

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3340.46

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Virginia Dept. of Taxation**

Mailing Address PO Box 26644

City  
RichmondState  
VAZip Code  
23261-6644Purpose of Disbursement  
VA - Unemployment Company

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2021

FEC Identification Number

**C****Transaction ID : SB21B.89003**

Amount of Each Disbursement this Period

119.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Virginia Dept. of Taxation**

Mailing Address PO Box 26644

City  
RichmondState  
VAZip Code  
23261-6644Purpose of Disbursement  
VA - Unemployment Company

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2021

FEC Identification Number

**C****Transaction ID : SB21B.89004**

Amount of Each Disbursement this Period

1.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Virginia Dept. of Taxation**

Mailing Address PO Box 26644

City  
RichmondState  
VAZip Code  
23261-6644Purpose of Disbursement  
VA - Withholding

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2021

FEC Identification Number

**C****Transaction ID : SB21B.89005**

Amount of Each Disbursement this Period

512.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

632.76



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Virginia Dept. of Taxation**

Mailing Address PO Box 26644

City  
RichmondState  
VAZip Code  
23261-6644Purpose of Disbursement  
VA - Unemployment Company

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2021

FEC Identification Number

**C****Transaction ID : SB21B.89006**

Amount of Each Disbursement this Period

4.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Virginia Dept. of Taxation**

Mailing Address PO Box 26644

City  
RichmondState  
VAZip Code  
23261-6644Purpose of Disbursement  
VA - Withholding

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2021

FEC Identification Number

**C****Transaction ID : SB21B.89007**

Amount of Each Disbursement this Period

515.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Virginia Dept. of Taxation**

Mailing Address PO Box 26644

City  
RichmondState  
VAZip Code  
23261-6644Purpose of Disbursement  
VA - Unemployment Company

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2021

FEC Identification Number

**C****Transaction ID : SB21B.89008**

Amount of Each Disbursement this Period

9.17

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

528.35

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Virginia Dept. of Taxation**

Mailing Address PO Box 26644

City  
RichmondState  
VAZip Code  
23261-6644Purpose of Disbursement  
VA - Withholding

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				3	1					2	0	2

FEC Identification Number

**C****Transaction ID : SB21B.89009**

Amount of Each Disbursement this Period

512.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Woods, Thomas, , ,**

Mailing Address 7125 Indian Grass Rd

City  
HarmonyState  
IDZip Code  
34773-0000Purpose of Disbursement  
New Donor Prospecting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				1	2					2	0	2

FEC Identification Number

**C****Transaction ID : SB21B.89010**

Amount of Each Disbursement this Period

433.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ▶

945.60

**TOTAL** This Period (last page this line number only)..... ▶

141943.31

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 91 OF 96

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aitken, David, , Mr.,

Nature of Debt (Purpose):

CIVI CRM Support

Mailing Address 1240 N Ogden St Apt 4

City

Denver

State

CO

Zip Code

80218-1930

Outstanding Balance Beginning This Period

583.75

Transaction ID : SD10.84571

Amount Incurred This Period

0.00

Payment This Period

583.75

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aitken, David, , Mr.,

Nature of Debt (Purpose):

CIVI CRM Support

Mailing Address 1240 N Ogden St Apt 4

City

Denver

State

CO

Zip Code

80218-1930

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.89126

Amount Incurred This Period

496.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

496.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bigeye Direct, Inc.

Nature of Debt (Purpose):

Non Candidate Party Printing Service

Mailing Address PO Box 710865

City

Oak Hill

State

VA

Zip Code

20171-0865

Outstanding Balance Beginning This Period

2174.51

Transaction ID : SD10.84572

Amount Incurred This Period

0.00

Payment This Period

2174.51

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

496.25

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 92 OF 96

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Burns, Andrew, , ,**Nature of Debt (Purpose):  
Affiliate Support Service

Mailing Address 470 3rd St S Unit 616

City

St. Petersburg

State

FL

Zip Code

33701-4646

Outstanding Balance Beginning This Period

2560.00

Transaction ID : SD10.84573

Amount Incurred This Period

0.00

Payment This Period

2560.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Congdon, Rebekah, Gwen, ,**Nature of Debt (Purpose):  
Fundraising Consulting

Mailing Address 7113 Avery Rd

City

Live Oak

State

TX

Zip Code

78233-5465

Outstanding Balance Beginning This Period

2160.00

Transaction ID : SD10.84574

Amount Incurred This Period

0.00

Payment This Period

2160.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DeSisto, Tara, , ,**Nature of Debt (Purpose):  
Management and Fundraising Consulting

Mailing Address 351 Linwood Ave

City

Newton

State

MA

Zip Code

02460-0000

Outstanding Balance Beginning This Period

3500.00

Transaction ID : SD10.84575

Amount Incurred This Period

0.00

Payment This Period

3500.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 93 OF 96

FOR LINE NUMBER:  
(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DeSisto, Tara, , ,**Nature of Debt (Purpose):  
Travel Reimbursement

Mailing Address 351 Linwood Ave

City  
NewtonState  
MAZip Code  
02460-0000

Outstanding Balance Beginning This Period

1036.34

Transaction ID : SD10.84576

Amount Incurred This Period

0.00

Payment This Period

1036.34

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dunbar, Dominick, , ,**Nature of Debt (Purpose):  
Computer Services

Mailing Address 75 Aquia Creek Rd

City  
StaffordState  
VAZip Code  
22554-5528

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.89127

Amount Incurred This Period

600.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

600.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MacCutcheon, Michelle, Renea, Mrs.,**Nature of Debt (Purpose):  
Administrative Consulting

Mailing Address 18 Ross St

City  
LebanonState  
OHZip Code  
45036-2024

Outstanding Balance Beginning This Period

1440.00

Transaction ID : SD10.84577

Amount Incurred This Period

0.00

Payment This Period

1440.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

600.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Master Print, Inc.**

Nature of Debt (Purpose):

Non Candidate Party Printing

Mailing Address PO Box 1467  
Ref Acct 9641City  
NewingtonState  
VAZip Code  
22122-1467

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.89129

Amount Incurred This Period

561.09

Payment This Period

0.00

Outstanding Balance at Close of This Period

561.09

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Master Print, Inc.**

Nature of Debt (Purpose):

Non Candidate Party Printing

Mailing Address PO Box 1467  
Ref Acct 9641City  
NewingtonState  
VAZip Code  
22122-1467

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.89130

Amount Incurred This Period

855.10

Payment This Period

0.00

Outstanding Balance at Close of This Period

855.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Omega Oak - Buffalo Rock**

Nature of Debt (Purpose):

Administrative Support

Mailing Address 24524 Playhouse Road

City  
KeystoneState  
SDZip Code  
57751-0000

Outstanding Balance Beginning This Period

1814.00

Transaction ID : SD10.84578

Amount Incurred This Period

0.00

Payment This Period

1814.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1416.19

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Omega Oak - Buffalo Rock

Nature of Debt (Purpose):  
Administrative Support

Mailing Address 24524 Playhouse Road

City

Keystone

State

SD

Zip Code

57751-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.89131

Amount Incurred This Period

1622.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1622.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Oquirrh Mountain Strategies, LLC

Nature of Debt (Purpose):

Candidate Recruitment and Support Services

Mailing Address 8831 W State Highway

City

Copperton

State

UT

Zip Code

84006-0000

Outstanding Balance Beginning This Period

4874.05

Transaction ID : SD10.84579

Amount Incurred This Period

0.00

Payment This Period

4874.05

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Oquirrh Mountain Strategies, LLC

Nature of Debt (Purpose):

Candidate Recruitment and Support Services

Mailing Address 8831 W State Highway

City

Copperton

State

UT

Zip Code

84006-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.89132

Amount Incurred This Period

4693.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

4693.80

1) SUBTOTALS This Period This Page (optional)..... ►

6315.80

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Schulz, Cara, L., ,**

Nature of Debt (Purpose):

Candidate Recruitment and Support Services

Mailing Address 30 Walden St

City

Burnsville

State

MN

Zip Code

55337-3678

Outstanding Balance Beginning This Period

3600.00

Transaction ID : SD10.84580

Amount Incurred This Period

0.00

Payment This Period

3600.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Schulz, Cara, L., ,**

Nature of Debt (Purpose):

Candidate Recruitment and Support Services

Mailing Address 30 Walden St

City

Burnsville

State

MN

Zip Code

55337-3678

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.89133

Amount Incurred This Period

4341.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

4341.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Stenquist, Christine, , ,**

Nature of Debt (Purpose):

Legislative Preparation

Mailing Address 290 West 100 North

City

Kaysville

State

UT

Zip Code

84037

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.84581

Amount Incurred This Period

0.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

4341.20

2) **TOTALS** This Period (last page this line number only)..... ►

13169.44

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

13169.44